

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	10/24/99
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	15	11/5/00
FORMALITY REVIEW	<i>[Signature]</i>	10809	11/29/00
RESPONSE FORMALITY REVIEW	<i>Tequest</i>	925	04-11-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/5/99
2	✓	✓	11/19/99
3	✓	✓	03/03/01
4	✓	✓	
5	✓	✓	
6	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	12/5/99
52	✓	✓	11/19/99
53	✓	✓	03/03/01
54	✓	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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